

FIRE SPRINKLER – GAS EXTINGUISHER – WET/DRY CHEMICAL EXAM

DEPARTMENT OF BUILDING & SAFETY
555 SOUTH 10TH ST, ROOM 203
CITY OF LINCOLN, NE 68508-3995

QUALIFICATIONS NECESSARY TO TAKE THE EXAM

JOURNEYMAN

The applicant for a Fire Sprinkler, Gas Extinguisher or Wet/Dry Chemical Registration certificate shall have **at least four (4) years of practical experience** in the design, layout, construction and/or installation of Fire Sprinkler, Gas Extinguisher or Wet/Dry Chemical materials and equipment.

An applicant, *while regularly employed* by a person, firm or corporation regularly engaged in the installation of Fire Sprinkler, Gas Extinguisher or Wet/Dry Chemical equipment and **registered as an apprentice**, shall receive one (1) year practical experience credit for each year of full time employment. The practical experience credited for *part-time employment* and applicants working for a person, firm or corporation in part-time Fire Sprinkler, Gas Extinguisher or Wet/Dry Chemical installations shall be determined by the Board.

An applicant *graduating from a four -(4) year engineering course* of an accredited College or University will receive two (2) years of practical experience credit required above.

An applicant *completing a course of study*, approved by the Board, in the design, construction and installation of Fire Sprinkler, Gas Extinguisher or Wet/Dry Chemical will receive one (1) year of practical experience credit required above.

A *professional mechanical engineer registered in the State of Nebraska*, will receive three (3) years of practical experience credit required above.

The Fire Sprinkler, Gas Extinguisher or Wet/Dry Chemical education and training received from military service, extension courses, adult education classes, etc., *may* account for practical experience credit at the discretion of the board.

CONTRACTOR

The applicant for a Fire Sprinkler, Gas Extinguisher, or Wet/Dry Chemical Contractor certificate shall be the holder of a valid City of Lincoln Fire Sprinkler, Gas Extinguisher, or Wet/Dry Chemical Journeyman certificate for at least one (1) year or shall be a graduate Mechanical Engineer from an accredited College or University and have at least two (2) years practical experience in the planning, layout, supervising and installing of Fire Sprinkler, Gas Extinguisher or Wet/Dry Chemical equipment or shall be a registered professional Mechanical Engineer in the State of NE.

TRANSFER

An applicant holding a valid Journeyman or Contractor/Master Fire sprinkler, Gas Extinguisher or Wet/Dry Chemical License or Certificate, *received by examination* from another state or Municipal Governmental agency, shall be entitled to take the equivalent respective City of Lincoln Journeyman or Contractors examination without submitting any additional qualifications.

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**DEPARTMENT OF BUILDING & SAFETY
555 SOUTH 10TH ST, ROOM 203
CITY OF LINCOLN, NE 68508-3995**

EXAM SCHEDULE

Fire sprinkler, Gas Extinguisher & Wet/Dry Chemical Exams shall be given on the third Thursday of February, May, August and November.

TIME & PLACE OF EXAM

The exam will be held at 8:00 a.m. at:

**Belmont Recreation Center
3335 N 12th Street (12th & Judson)
Lincoln NE**

THE EXAM

The Fire Sprinkler, Gas Extinguisher & Wet/Dry Chemical Exams shall consist of **at least two (2) parts** of *questions, calculation, drawings and problems* from the appropriate **NFPA standards & the Lincoln Municipal (Fire suppression) Code (Chapter 24.01)**. The exam shall be completed **within three (3) hours**.

BRING TO EXAM

Appropriate NFPA Pamphlet

GRADING

The applicant shall correctly answer at least sixty-five percent (65%) of the questions on each part of the exam and shall receive a composite grade of at least seventy-five percent (75%) on the total exam to pass and receive the respective Registration Certificate.

DEADLINE

Exam Fee and completed Application shall be submitted **at least two (2) weeks** prior to the exam date.

If you have any questions call the

Department of Building & Safety

Fire Prevention Section (402) 441-7791

EXAMS

Receipt # _____

Date: _____

**DEPARTMENT OF BUILDING & SAFETY
555 SOUTH 10TH STREET, ROOM 203,
LINCOLN, NE 68508**

If you are retaking an exam within 6 months of your first exam, you may stop after the "Application for:" section

NAME _____
(Type or Print)

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE (____) _____

Application for:

- Please check one -

ELECTRICAL EXAM

Master \$50.00
Journeyman \$50.00
Maintenance \$50.00

DECO FIREPLACE/GAS LOG EXAM

Contractor \$50.00
Installer \$50.00

HVAC EXAM

Master Contractor \$150.00
Journeyman Tech \$100.00

PLUMBING EXAM

Master \$100.00
Journeyman \$75.00

GAS FITTER EXAM

Master \$30.00
Journeyman \$30.00

WATER CONDITIONING EXAM

Contractor \$30.00
Installer \$30.00

FIRE SPRINKLER EXAM

Contractor \$40.00
Journeyman \$40.00

GAS EXTINGUISHER EXAM

Contractor \$40.00
Journeyman \$40.00

WET/DRY CHEMICAL EXAM

Contractor \$40.00 ~
Journeyman \$40.00 ~

- If you are **retaking** an exam *within 6 months* of your *first exam*, you may stop here -

List appropriate **LICENSES or CERTIFICATES** issued to you by other governmental agencies:

1. Type: _____ Issued by: City ~ State ~ (Check one)

Exam Date ____/____/____ (Month/Year) Registration #: _____

2. Type: _____ Issued by: City ~ State ~ (Check one)

Exam Date ____/____/____ (Month/Year) Registration #: _____

EMPLOYMENT

1. Present: _____ Address _____

City _____ State _____ Zip _____ Phone (____) _____

Owner's/Supervisor's Name _____

Employed from ____/____/____ (Month/Year) to Present Type of Work _____

2. Previous: _____ Address _____

City _____ State _____ Zip _____ Phone (____) _____

Owner's/Supervisor's Name _____

Employed from ____/____/____ (Month/Year) to ____/____/____ Type of Work _____

3. Previous: _____ Address _____

City _____ State _____ Zip _____ Phone (____) _____

Owner's/Supervisor's Name _____

Employed from ____/____/____ (Month/Year) to ____/____/____ Type of Work _____

3. Previous: _____ Address _____

City _____ State _____ Zip _____ Phone (____) _____

Owner's/Supervisor's Name _____

Employed from ____/____/____ (Month/Year) to ____/____/____ Type of Work _____

EDUCATION

College / University _____ City, State _____

Type of Course _____ Degree _____ Year Completed _____

Course completed appropriate to application:

1. Name of School _____ City, State _____

Type of Course _____ Started _____ Completed _____
Date Date

2. Name of School _____ City, State _____

Type of Course _____ Started _____ Completed _____
Date Date

3. Name of School _____ City, State _____

Type of Course _____ Started _____ Completed _____
Date Date

EXPERIENCE

List Two MAJOR PROJECTS that you have worked on within the past year:

1. Name _____ Address _____

Type of Work _____

2. Name _____ Address _____

Type of Work _____

List **PROJECTS** you have worked on in the **PREVIOUS THREE YEARS**:

1. Name _____ Address _____

Type of Work _____

2. Name _____ Address _____

Type of Work _____

3. Name _____ Address _____

Type of Work _____

4. Name _____ Address _____

Type of Work _____

List below any ADDITIONAL INFORMATION or WORK EXPERIENCE that may be valuable to the Board of Examiners:

I hereby grant permission the Board of Examiners to contact employers, schools or individual persons named on this application for verification of the information submitted.

False information submitted will be *grounds to void* the application or *revoke* a Certificate issued.

X _____
Signature of Applicant